

QUESTION #9

ATTACHMENT #6

See Page 3 for Form Information and Instructions. Line Strike 12" *Lostro mas 3/4-12*

### GENERAL DATA

<input checked="" type="checkbox"/> MAINLINE <input type="checkbox"/> FACILITY	Purpose of Report (See page 3 for examples) <b>LINE STRIKE INVESTIGATION</b>		Pipeline Name / Facility Name & Number <b>FALLS CITY TO IRVINGTON #5-12"</b>	Line I.D. Number <b>6225</b>
Tract Number	Mile Post <b>111.7</b>	Latitude - Longitude (WGS 84 and Degrees - Decimal Minutes) Lat. = <b>N40.312968</b>	County <b>NEMAHA</b>	State <b>NEBRASKA</b>
Legal Description		Reference Drawings (Alignment Sheet OR Facility Drawing No.)		

### LEAK DATA

Date Discovered (M/D/YYYY) <b>12/10/2011</b>	Time (HH:mm) <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Stopped (M/D/YYYY) <b>12/10/2011</b>	Time (HH:mm) <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Product <b>DIESEL</b>	Leak Footprint L <b>100'</b> ft. x W <b>230'</b> ft.	Barrels / MMCF Out of Line <input type="checkbox"/> N/A
Barrels Recovered	Barrels Lost	Cause - Preliminary (Final cause will be determined in the incident investigation)				
<input type="checkbox"/> External Corrosion <input type="checkbox"/> Internal Corrosion <input checked="" type="checkbox"/> Third Party Damage <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Seam Failure <input type="checkbox"/> Operator Error <input type="checkbox"/> Contractor Error <input type="checkbox"/> Frost Heave <input type="checkbox"/> Natural Forces <input type="checkbox"/> Washout <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Pressure Testing <input type="checkbox"/> Overflow (Rain) <input type="checkbox"/> Intentional Blow Down <input type="checkbox"/> Vandalism <input type="checkbox"/> Unknown <input type="checkbox"/> Water Freeze <input type="checkbox"/> Other (Specify)						
Leak Reported By Name _____ Address _____ Phone _____						

### WORK DONE AND REMARKS

AFE Number (if applicable)	Date Work Started <b>12/10/2011</b>	Date Work Completed <b>12/12/2011</b>	Ditch Was Open From M/D/YYYY to M/D/YYYY <b>12/10/2011</b> to _____
Repair was: <input type="checkbox"/> Above Ground <input checked="" type="checkbox"/> Below Ground <input type="checkbox"/> Both	Depth of Cover ___15'_____		Size of Ditch (in feet) <b>100' ft. Long x 30' ft. Wide x 5' ft. Deep</b>
Description of Work Done <b>Excavate to Investigate (Third Party) Line Strike Found Line Strike Damage to be approximately 10" L x 3" W x .312" D @ 12:00 Installed 28.6" New Pipe/Flanged Fusion Bonded Epoxy Coating + 9" Polyguard RD6/600 primer and Wax Tape, With Additional Investigation Installed 12" Type B Weeding Band to Exposed U/S Girth Weld and 4' Polyguard RD6/600 Primer NOTE- MAG and X-Ray - See DBI Inspection Reports</b>			

### PROPERTY DAMAGE

Owner	Address	Phone
enant	Address	Phone

Description of Damage  
**Access- 3600' L x 30' W Cultivated Cleanup-Pending due to ongoing environmental cleanup.**

Real Estate Services Agent Notified?  Yes  No If yes, Name of Agent \_\_\_\_\_  
Check Written To \_\_\_\_\_ Date (M/D/YYYY) \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \_\_\_\_\_

### SHALLOW / EXPOSED PIPE

Note: If minimum depth of shallow pipe is less than 18" in cultivated area, contact Depth of Cover Coordinator.  N/A

Shallow or Exposed <input type="checkbox"/> Shallow <input type="checkbox"/> Exposed	Length of Shallow / Exposed Pipe ft.	Has this location been previously reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	Land Use <input type="checkbox"/> Cultivated <input type="checkbox"/> Crop <input type="checkbox"/> Creek <input type="checkbox"/> Bar Ditch <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Pasture <input type="checkbox"/> Other _____
Is Exposed Pipe Unsupported? <input type="checkbox"/> Yes <input type="checkbox"/> No Unsupported Length ft.	Minimum Depth of Shallow Pipe in.	Average Depth of Shallow Pipe in.	Is Area an Environmental Concern? (Visual Observation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Waterway Crossing Information (Visual Observation) <input type="checkbox"/> Waterway maintained <input type="checkbox"/> Waterway carries debris that may damage pipeline	Is Area Populated? (Visual Observation) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is There Evidence of Third Party Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there water flow over pipe (more than 4 times per year)? (Visual Observation) <input type="checkbox"/> Yes <input type="checkbox"/> No			

### LINE CONDITION AND CATHODIC PROTECTION STATUS

External Pipe Condition (Describe) <input type="checkbox"/> Like New <input type="checkbox"/> Surface Rust <input type="checkbox"/> Severe Pitting <input type="checkbox"/> Dent <input type="checkbox"/> Dent w/Metal Loss <input type="checkbox"/> Minor Pitting <input type="checkbox"/> Moderate Pitting <input checked="" type="checkbox"/> Other <b>Third Party Damage</b> <input type="checkbox"/> Potential Stress Corrosion Cracking <input type="checkbox"/> Potential Selective Seam Corrosion	Existing Coating Type <b>Cold Tar</b> Thickness <b>.093"</b> Condition: <input checked="" type="checkbox"/> Well Bonded <input type="checkbox"/> Partially Bonded <input type="checkbox"/> Totally Disbonded
Internal Pipe Condition (Describe, if Cut) <input checked="" type="checkbox"/> Like New <input type="checkbox"/> Surface Scale <input type="checkbox"/> Severe Pitting <input type="checkbox"/> Minor Pitting <input type="checkbox"/> Moderate Pitting <input type="checkbox"/> Other	If Rectifier / Groundbeds are damaged, record and describe damage in this section and notify local Corrosion Technician and Depth of Cover Coordinator
Defect Description Actual Measured Wall Thickness <b>.312"</b> in. Max. Defect Size: L <b>10"</b> in x W <b>3"</b> in x D <b>.312"</b> in. Defect Orientation (Downstream - Clock Position) <b>12 : 00</b> Long. Seam Orientation (Downstream - Clock Position) _____	P/S Reading Before Repair (Ground Level) Before Repair (in Ditch) After Repair (Ground Level, if practical) <b>-1.74 VDC</b> <b>-1.74 VDC</b> <b>-1.74 VDC</b> NOTE: If P/S reading is less than -0.85, notify local Corrosion Technician and Asset Integrity Supervisor
PH Reading <b>5.2</b>	

### LINE WELDING DATA

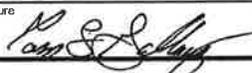
Welders	No. New Girth Welds	No. New Maintenance Welds	Date of Weld
James Shoffner- Luke Willis- Bill Stark	<b>4 X-Ray</b>	<b>2-Mag W/B</b>	<b>12/11/2011</b>
Art DeLeon- Ron VanWyngardner			<b>Installed 28.6" New Pipe + W/B</b>

### NONDESTRUCTIVE TESTING AND PRESSURE TEST DATA

The following information must be documented and the original records submitted with the Maintenance Report to comply with DOT 195.266, 195.310, 192.517 and 192.243.

Press & Temp Charts  Inst. Calibration Certificate  Testing Contractor  Test Medium  Date/Time of Test (Start & Finish)  NDT Inspection Reports  
 OQ Report  Pipe Mill Certificates  Facility Description  Elevation Profile  Exp. Of Pressure Discontinuities  NDT Qualification Sheet

### SIGNATURE

Submitted By (Print Name) <b>Tom L. Galloway</b>	Signature 	Date <b>12/14/11</b>
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RETENTION: PERMANENT

**PIPELINE MAINTENANCE REPORT (Continued)**

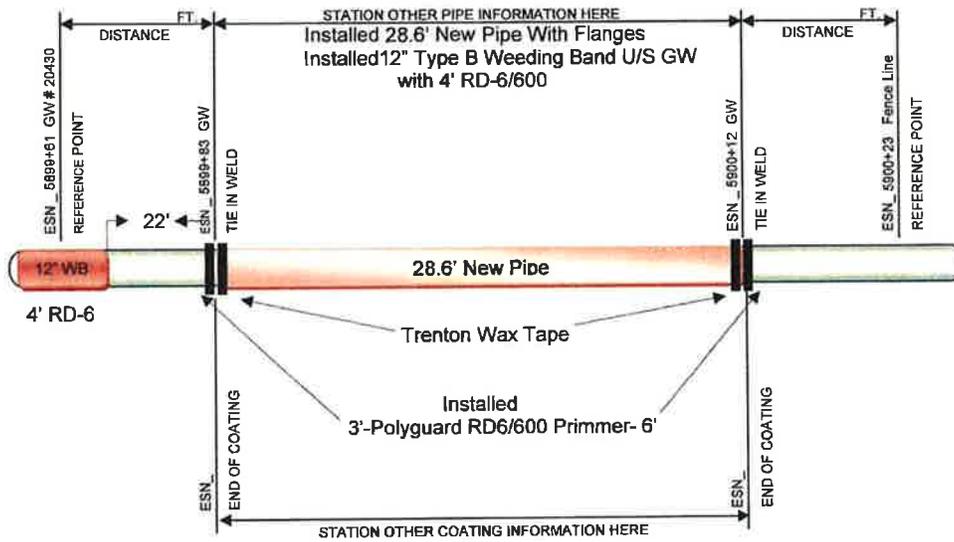
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PIPE INSTALLED							<input type="checkbox"/> N/A
Total Feet of Pipe Added (Tie-in Weld to Tie-in Weld)	Size	Wall Thickness	Grade	Seam Type	Manufacturer		
28.6'	12.75" in.	.312" in.	X52	SMLS	Pioneer		
PIPE RETIRED							<input type="checkbox"/> N/A
Total Feet of Pipe Retired	Size	Wall Thickness	Grade	Seam Type	Manufacturer		
28.6'	12.75" in.	.312" in.		SMLS	Unknown		
FABRICATED BENDS							<input checked="" type="checkbox"/> N/A
Total Feet of Bends Added	Bend Radius	Size	Wall Thickness	Grade	Seam Type	Manufacturer	
	ft.	in.	in.				

PIPE DETAIL	<input type="checkbox"/> N/A
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Reference Point Description (Nearest C. Road, Fence, Valve, etc., from Alignment Sheet)      Engineering Station Number (ESN) of Reference Point  
**Nth Fence Line**      **5900+23**

Distance from Reference Point to nearest end of      ft.      Direction from Reference Point (along pipeline)  
 Tie-In    End of coating    Sleeve    Valve    Other Line Strike       North    South    East    West



- Use this area to sketch and station pipe component changes. Draw weld locations, valves, bends, fittings, coating or other components on pipe, then draw dimension lines and write stationing for each component location.
- If you cannot fit your sketch in this section, use the sketch area below or attach a sketch, being sure to include stationing or dimensions of all components.

**ADDITIONAL SKETCH / NOTE AREA**

See Page 3 for Form Information and Instructions. Line Strike 8" *POSTED* *mod* 3-14-12

<b>GENERAL DATA</b>					
<input checked="" type="checkbox"/> MAINLINE <input type="checkbox"/> FACILITY	Purpose of Report (See page 3 for examples) <b>LINE STRIKE INVESTIGATION</b>		Pipeline Name / Facility Name & Number <b>FALLS CITY TO IRWINGTON #8-12" Neb. City 3"</b>		Line I.D. Number <b>6220</b>
Tract Number	Mile Post <b>111.7</b>	Latitude - Longitude (WGS 84 and Degrees - Decimal Minutes) Lat = <b>N40.312968</b>	Longitude - Decimal Minutes Long. = <b>W95.721439</b>	County <b>NEMAHA</b>	State <b>NEBRASKA</b>
Legal Description			Reference Drawings (Alignment Sheet OR Facility Drawing No.)		
<b>LEAK DATA</b>					
Date Discovered (MM/DD/YYYY) <b>12/10/2011</b>	Time (HH:mm) <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Stopped (MM/DD/YYYY) <b>12/10/2011</b>	Time (HH:mm) <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Product <b>GAS</b>	Leak Footprint L <b>100'</b> ft x W <b>230'</b> ft
Barrels Recovered	Barrels Lost	Cause - Preliminary (Final cause will be determined in the incident investigation)			
		<input type="checkbox"/> External Corrosion <input type="checkbox"/> Internal Corrosion <input checked="" type="checkbox"/> Third Party Damage <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Seam Failure <input type="checkbox"/> Operator Error <input type="checkbox"/> Contractor Error <input type="checkbox"/> Frost Heave <input type="checkbox"/> Natural Forces <input type="checkbox"/> Washout <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Pressure Testing <input type="checkbox"/> Overflow (Rain) <input type="checkbox"/> Intentional Blow Down <input type="checkbox"/> Vandalism <input type="checkbox"/> Unknown <input type="checkbox"/> Water Freeze <input type="checkbox"/> Other (Specify) _____			
Leak Reported By Name _____ Address _____ Phone _____					
<b>WORK DONE AND REMARKS</b>					
AFE Number (if applicable)	Date Work Started <b>12/10/2011</b>	Date Work Completed <b>12/12/2011</b>	Ditch Was Open From MM/DD/YYYY to MM/DD/YYYY <b>12/10/2011</b> to _____		
Repair was: <input type="checkbox"/> Above Ground <input checked="" type="checkbox"/> Below Ground <input type="checkbox"/> Both	Depth of Cover <b>15'</b>		Size of Ditch (in feet) <b>100'</b> ft Long x <b>30'</b> ft Wide x <b>5'</b> ft Deep		
Description of Work Done <b>Excavate to Investigate (Third Party) Line Strike Found Line Strike Damage to be approximately 14" L x 3" W x .203" D @ 12:00 Installed 37.6' New Pipe Fusion Bonded Epoxy Coating + 6' Polyguard RD6/600 primmer, With Additional Investigation Installed 6" Type B Weeding Band to Exposed U/S Girth Weld and 4' Polyguard RD6/600 Primmer NOTE- MAG and X-Ray - See DBI Inspection Reports</b>					
<b>PROPERTY DAMAGE</b>					
Owner Name _____ Address _____ Phone _____					
Description of Damage <b>Access- 3600' L x 30' W Cultivated Cleanup-Pending due to ongoing environmental cleanup.</b>					
Real Estate Services Agent Notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Agent _____					
Check Written To _____ Date (MM/DD/YYYY) _____ Check No. _____ Amount _____					
<b>SHALLOW / EXPOSED PIPE</b>					
Note: If minimum depth of shallow pipe is less than 18" in cultivated area, contact Depth of Cover Coordinator. <input checked="" type="checkbox"/> N/A					
Shallow or Exposed <input type="checkbox"/> Shallow <input type="checkbox"/> Exposed	Length of Shallow / Exposed Pipe ft.	Has this location been previously reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	Land Use <input type="checkbox"/> Cultivated <input type="checkbox"/> Crop <input type="checkbox"/> Creek <input type="checkbox"/> Bar Ditch <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Pasture <input type="checkbox"/> Other _____		
Is Exposed Pipe Unsupported? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unsupported Length ft.	Minimum Depth of Shallow Pipe in.	Average Depth of Shallow Pipe in.		
Waterway Crossing Information (Visual Observation) <input type="checkbox"/> Waterway maintained <input type="checkbox"/> Waterway carries debris that may damage pipeline		Is Area Populated? (Visual Observation) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Area an Environmental Concern? (Visual Observation) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there water flow over pipe (more than 4 times per year)? (Visual Observation) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is There Evidence of Third Party Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>LINE CONDITION AND CATHODIC PROTECTION STATUS</b>					
External Pipe Condition (Describe) <input type="checkbox"/> Like New <input type="checkbox"/> Surface Rust <input type="checkbox"/> Severe Pitting <input type="checkbox"/> Dent <input type="checkbox"/> Dent w/Metal Loss <input type="checkbox"/> Minor Pitting <input type="checkbox"/> Moderate Pitting <input checked="" type="checkbox"/> Other <b>Third Party Damage</b> <input type="checkbox"/> Potential Stress Corrosion Cracking <input type="checkbox"/> Potential Selective Seam Corrosion			Existing Coating Type <b>Cold Tar</b> Thickness <b>.093"</b> Condition: <input checked="" type="checkbox"/> Well Bonded <input type="checkbox"/> Partially Bonded <input type="checkbox"/> Totally Disbonded		
Internal Pipe Condition (Describe, if Cut) <input checked="" type="checkbox"/> Like New <input type="checkbox"/> Surface Scale <input type="checkbox"/> Severe Pitting <input type="checkbox"/> Minor Pitting <input type="checkbox"/> Moderate Pitting <input type="checkbox"/> Other			If Rectifier / Groundbeds are damaged, record and describe damage in this section and notify local Corrosion Technician and Depth of Cover Coordinator		
Effect Description <b>Max. Defect Size: L 14" in x W 3" in. x D .203" in.</b> <b>Defect Orientation (Downstream - Clock Position) 12 : 00</b> <b>Long. Seam Orientation (Downstream - Clock Position) 12 : 30</b>		P/S Reading Before Repair (Ground Level) <b>-1.74 VDC</b> Before Repair (in Ditch) <b>-1.74 VDC</b> After Repair (Ground Level, if practical) <b>-1.74 VDC</b>	PH Reading <b>5.2</b>		
NOTE: If P/S reading is less than -0.85, notify local Corrosion Technician and Asset Integrity Supervisor					
<b>LINE WELDING DATA</b>					
Welders		No. New Girth Welds	No. New Maintenance Welds	Date of Weld	
<b>James Shoffner- Luke Willis- Bill Stark</b>		<b>2 X-Ray</b>	<b>2-Mag W/B</b>	<b>12/11/2011</b>	
<b>Art DeLeon- Ron VanWynyardner</b>		<b>Installed 37.6' New Pipe + W/B</b>			
<b>NONDESTRUCTIVE TESTING AND PRESSURE TEST DATA</b>					
The following information must be documented and the original records submitted with the Maintenance Report to comply with DOT 195.266, 195.310, 192.517 and 192.243.					
<input checked="" type="checkbox"/> Press & Temp Charts <input checked="" type="checkbox"/> Insul Calibration Certificate <input checked="" type="checkbox"/> Testing Contractor <input checked="" type="checkbox"/> Test Medium <input checked="" type="checkbox"/> Date/Time of Test (Start & Finish) <input checked="" type="checkbox"/> NDT Inspection Reports <input checked="" type="checkbox"/> OQ Report <input checked="" type="checkbox"/> Pipe Mill Certificates <input checked="" type="checkbox"/> Facility Description <input checked="" type="checkbox"/> Elevation Profile <input checked="" type="checkbox"/> Exp. Of Pressure Discontinuities <input checked="" type="checkbox"/> NDT Qualification Sheet					
<b>SIGNATURE</b>					
Submitted By (Print Name) <b>Tom L. Galloway</b>		Signature 		Date <b>12/14/11</b>	
RETENTION: PERMANENT					

**PIPELINE MAINTENANCE REPORT (Continued)**

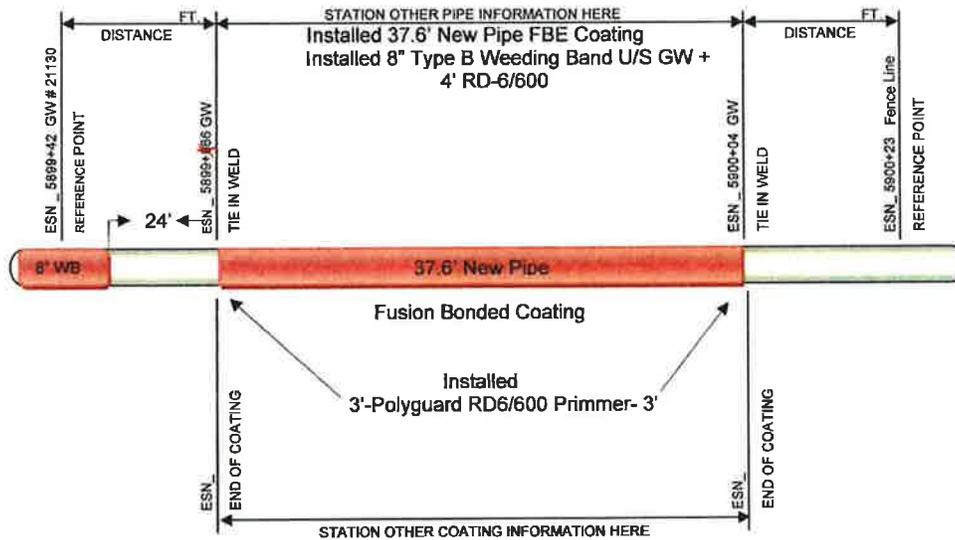
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One Williams Center, MD 27-3  
Tulsa, OK 74172  
Retain Copies Locally as Necessary

<b>PIPE INSTALLED</b>						<input type="checkbox"/> N/A
Total Feet of Pipe Added (Tie-In Weld to Tie-In Weld)	Size	Wall Thickness	Grade	Seam Type	Manufacturer	
37.6'	8.625" in.	.250" in.	XS2	SMLS	Unicon	
<b>PIPE RETIRED</b>						<input type="checkbox"/> N/A
Total Feet of Pipe Retired	Size	Wall Thickness	Grade	Seam Type	Manufacturer	
37.6'	8.625" in.	.203" in.		SMLS	Unknown	
<b>FABRICATED BENDS</b>						<input checked="" type="checkbox"/> N/A
Total Feet of Bends Added	Bend Radius	Size	Wall Thickness	Grade	Seam Type	Manufacturer
	ft.	in.	in.			

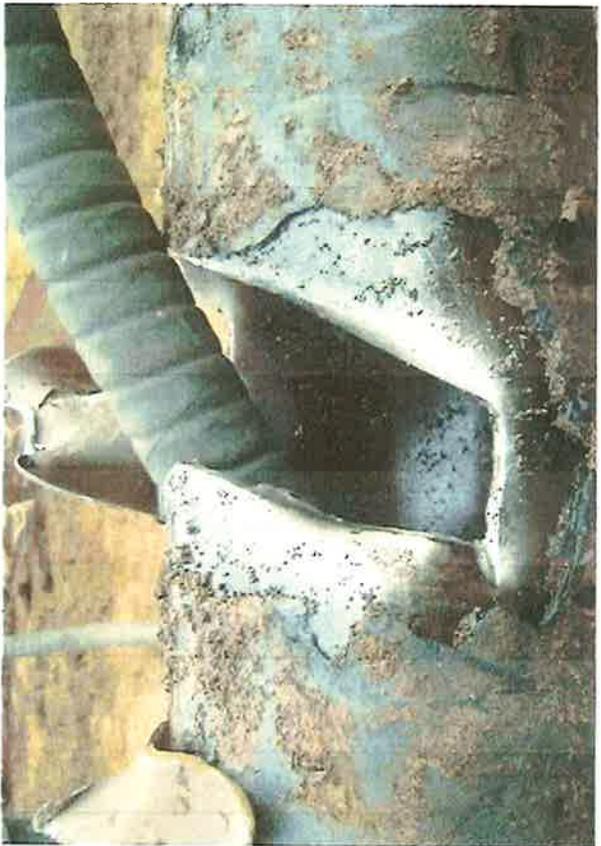
<b>PIPE DETAIL</b>		<input type="checkbox"/> N/A
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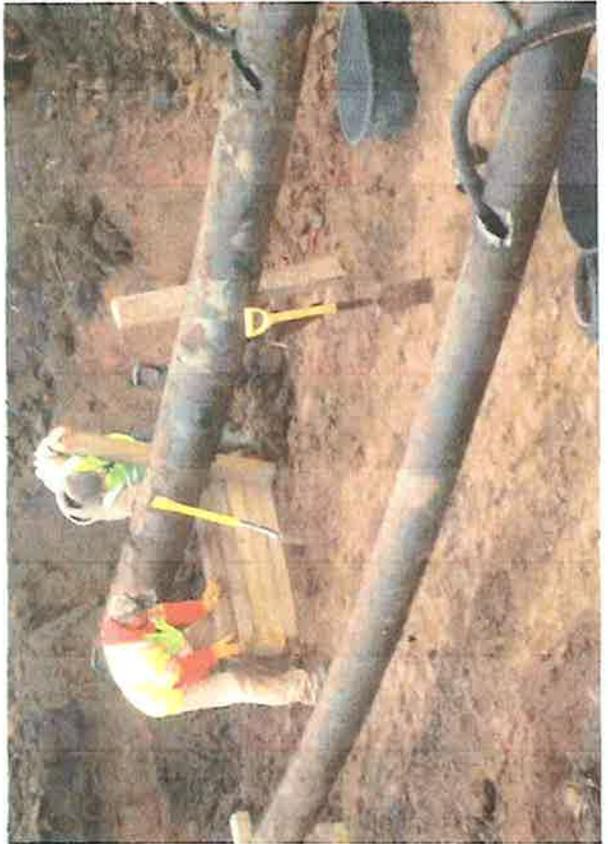
<b>Reference Point Description</b> (Nearest C. Road, Fence, Valve, etc., from Alignment Sheet)	<b>Engineering Station Number (ESN) of Reference Point</b>
<b>Nth Fence Line</b>	<b>5900+23</b>
Distance from Reference Point to nearest end of 28.6' ft.	Direction from Reference Point (along pipeline)
<input type="checkbox"/> Tie-In <input type="checkbox"/> End of coating <input type="checkbox"/> Sleeve <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Other <u>Line Strike</u>	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West

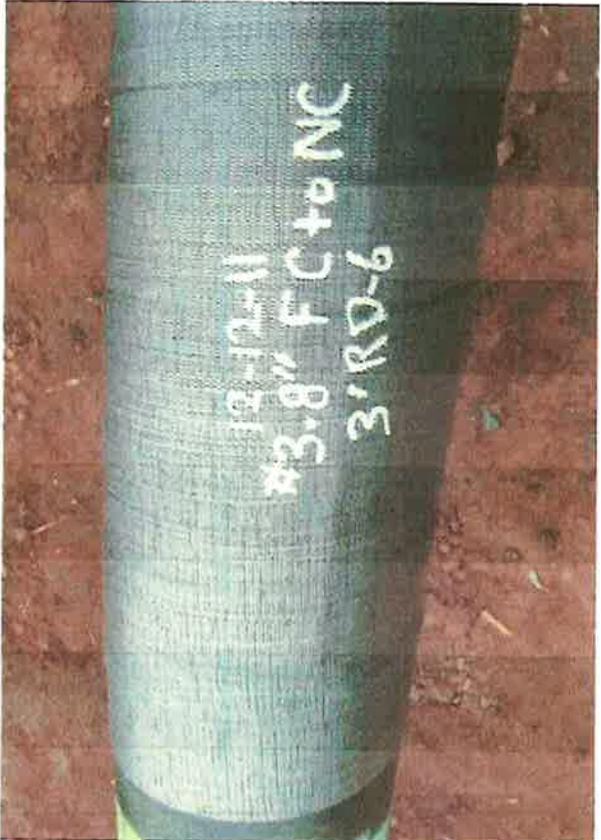


- Use this area to sketch and station pipe component changes. Draw weld locations, valves, bends, fittings, coating or other components on pipe, then draw dimension lines and write stationing for each component location.
- If you cannot fit your sketch in this section, use the sketch area below or attach a sketch, being sure to include stationing or dimensions of all components.

**ADDITIONAL SKETCH / NOTE AREA**







14-12-11 8.5-12"  
6 RB-6 FC to Irvington

SPP-UT 655968 A  
PIONEER 12 3/4 X 312 W 41.4 MM/FT  
P51.2/AP51./X52/X80 ERW CH  
P0-17001518 4/11/11  
14-16 MILS VAL SPAR 2000

14-12-11 8.5-12"  
6 RB-6 FC to Irvington

14-12-11 8.5-12"  
6 RB-6 FC to Irvington  
(mp 119) Installed 2-8-6 New Pipe/FBE  
SI# 5887452 - + Flange X 2

